

"Healthy People 2000" (Summary Report, Stock No. 017-001-00473-1) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington DC 20402-9325, telephone (202) 512-1800.

Dated: April 14, 1995.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-9768 Filed 4-19-95; 8:45 am]

BILLING CODE 4163-18-P

Food and Drug Administration

Grassroots Regulatory Partnership Meetings

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meetings.

SUMMARY: The Food and Drug Administration (FDA) (Office of External Affairs, Office of Regulatory Affairs, Office of the Southwest Region, Office of the Southeast Region, Office of the Mid-Atlantic Region, Office of the Pacific Region, and Office of the Mid-West Region) is announcing a series of five free public meetings around the country to promote the President's initiative for a partnership approach with front-line regulators and the people affected by the work of this agency, and to create local partnerships.

DATES: The public meetings are scheduled as follows:

1. Monday, April 24, 1995, 9 a.m. to 12 m., Dallas, TX.
2. Tuesday, April 25, 1995, 10 a.m. to 2 p.m., Atlanta, GA.
3. Tuesday, April 25, 1995, 9 a.m. to 12 m., Cherry Hill, NJ.
4. Thursday, April 27, 1995, 1 p.m. to 4 p.m., Burlingame, CA.
5. Thursday, April 27, 1995, 9 a.m., to 12 m., Chicago, IL.

ADDRESSES: The public meetings will be held at the following locations:

1. Dallas—FDA Regional Office, 7920 Elmbrook Rd., suite 102, Dallas, TX.
2. Atlanta—Sheraton Colony Square Hotel, Peachtree at 14th St., Atlanta, GA.
3. Cherry Hill—Cherry Hill Hilton Hotel, Cherry Hill, NJ.
4. Burlingame—Crowne Plaza San Francisco Airport, 600 Airport Blvd., Burlingame, CA.
5. Chicago—Sheraton Gateway Suites, 6501 North Manheim Rd., Rosemont, IL.

FOR FURTHER INFORMATION CONTACT:

Regarding attendance at the Dallas, TX public meeting: Marie T. Falcon,

Small Business Representative Southwest Region, Food and Drug Administration, 7920 Elmbrook Dr., suite 102, Dallas, TX 75247, 214-655-8100, ext. 129 or FAX 214-655-8130. Regarding attendance at the Atlanta, GA public meeting: Barbara Ward-Groves, Small Business Representative Southeast Region, Food and Drug Administration, 60 Eighth St., NE., Atlanta, GA 30309, 404-347-4347 or FAX 404-347-4349.

Regarding attendance at the Cherry Hill, NJ public meeting: Joseph X. Phillips, Deputy Regional Director, Mid-Atlantic Region, Food and Drug Administration, 900 U.S. Customhouse, 2d & Chestnut Sts., Philadelphia, PA 19106, 215-597-0492 or FAX 215-597-8212.

Regarding attendance at the Burlingame, CA public meeting: Mark S. Roh, Small Business Representative Pacific Region, Federal Office Bldg., 50 United Nations Plaza, rm. 526, San Francisco, CA, 94102, 415-556-2263 or FAX 415-556-2822.

Regarding attendance at the Chicago, IL public meeting: Joseph L. Petty, Small Business Representative Mid-West Region, 20 North Michigan Ave., rm. 510, Chicago, IL 60602, 312-353-9406, ext. 23 or FAX 312-886-1682.

SUPPLEMENTARY INFORMATION: The public meetings are free of charge, however due to space limitations, it will be necessary to contact the appropriate Small Business Representative listed above prior to the meeting to check on availability. If there are any specific comments or questions you wish to be addressed at the meetings, you may fax or send them to the contact person listed above. The goal of these meetings are to "listen" to concerns and ideas, and to identify next-steps for the agency.

Dated: April 14, 1995.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 95-9755 Filed 4-19-95; 8:45 am]

BILLING CODE 4160-01-F

Health Care Financing Administration

[OFHR-001-N]

New Address and Telephone Numbers of the Office of Acquisition and Grants, Office of Financial and Human Resources

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice.

SUMMARY: This notice announces the new address and telephone numbers of

the primary staff of the Office of Acquisition and Grants, Office of Financial and Human Resources, Health Care Financing Administration. HCFA's Office of Acquisition and Grants (OAG) will relocate at Central 2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

EFFECTIVE DATE: May 22, 1995.

FOR FURTHER INFORMATION CONTACT:

Barry Mikesell, (410) 966-8090.

SUPPLEMENTARY INFORMATION: The following is a list of the new telephone numbers and locations for some of the primary OAG staff:

Director, Office of Acquisition and Grants, Ellen L. Angus, Central 2-22-08 (410) 786-9280.

Small and Disadvantaged Business Utilization Specialist, Fred Suggs, Central 2-21-23 (410) 786-5132.

Acquisition Policy Team Leader, Debbie Powell, Central 2-23-15 (410) 786-3077.

Grants Policy Officer, Charles A. Johnson, Central 2-22-07 (410) 786-6256.

Director, Research Contracts and Grants Division, Marian D. Webb, Central 2-18-03 (410) 786-5161.

Director, ADP, Telecommunications and Services Division, Edward Hodges, Central 2-19-07 (410) 786-5131.

Director, Planning and Health Services Contracts Division, Glennda Moragne El, Central 2-23-17 (410) 786-5128.

Only the prefix 966 of the existing telephone numbers of OAG staff will be changed when OAG moves to the new HCFA site. The new prefix is 786. Persons wishing to contact OAG personnel not shown on the list above may still do so on or after May 22 by adding the new 786 prefix to the last 4 existing digits of the old telephone number, e.g., the old 966-1234 telephone number will become the new 786-1234 telephone number. Inquiries regarding the location or telephone numbers of OAG staff may be directed to (410) 966-9280.

Dated: April 6, 1995.

Ellen L. Angus,

Director, Office of Acquisition and Grants, Office of Financial and Human Resources.

[FR Doc. 95-9843 Filed 4-19-95; 8:45 am]

BILLING CODE 4120-01-P

Health Resources and Services Administration

Grants To Improve Emergency Medical Services and Trauma Care in Rural Areas

AGENCY: Health Resources and Services Administration.

ACTION: Notice of availability of grant funds.

SUMMARY: The Health Resources and Services Administration announces that approximately \$310,000 is available in fiscal year 1995 for grants to public and private nonprofit entities for the purpose of carrying out research and demonstration projects with respect to improving the availability and quality of emergency medical services and trauma care in rural areas. These grants are authorized by Section 1204 of the Public Health Service Act, as amended. Funds are appropriated under Public Law 103-333.

DATES: To receive consideration, grant applications must be received by the close of business June 19, 1995. Applications will meet the deadline if they are either: (1) Received on or before the deadline date; or (2) postmarked on or before the deadline date and received in time for submission to the review committee. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Hand delivered applications must be received by 5:00 pm on June 19, 1995. Applications received after the deadline will be returned.

FOR FURTHER INFORMATION CONTACT: Additional information relating to technical or program issues may be obtained from Diane McMenamin, Deputy Director, or Mirtha Beadle, Emergency Medical Systems Analyst, Division of Trauma and Emergency Medical Systems, Bureau of Health Resources Development, Parklawn Building, Room 7-16, 5600 Fishers Lane, Rockville, Maryland 20857; 301-443-3401. Grant applications and additional information regarding business, administrative, or fiscal issues related to the awarding of grants under this Notice may be requested from the Grants Management Officer (GMO), Ms. Glenna Wilcom, Parklawn Building, Room 7-15, 5600 Fishers Lane, Rockville, Maryland 20857; 301-443-2280. Applicants for grants will use Form PHS 5161-1 (revised 7/92, approved under OMB No. 0937-0189). Completed applications should be sent to the GMO.

SUPPLEMENTARY INFORMATION:

Background and Objectives

The program provides assistance to public and private nonprofit organizations for the purpose of carrying out research and demonstration projects to improve the availability and quality of emergency medical services (EMS)

and trauma care in rural areas. As mandated by legislation, applications must address one or more of the following five topics:

1. Developing innovative uses of communications technologies and the use of new communication technologies;
2. Developing model curricula for training EMS personnel, including first responders, emergency medical technicians, paramedics, emergency nurses, and physicians in the:
 - a. Assessment, stabilization, treatment, preparation for transport, and resuscitation of seriously injured patients, with special attention to problems that arise during long transports and methods of minimizing delays in transport to the appropriate facility; and
 - b. Management of the operation of an EMS system;
3. Making training for original certification, and continuing education, in the provision and management of EMS more accessible to emergency medical personnel in rural areas;
4. Developing innovative protocols and agreements to increase access to prehospital care and equipment necessary for the transportation of seriously injured patients to the appropriate facilities; and
5. Evaluating the effectiveness of protocols with respect to EMS and systems.

The program is not intended to purchase capital equipment or provide access to health resources. As such, a proposal should not be oriented towards the acquisition of new EMS or trauma care equipment, personnel, or other resources. Rather, as a research and demonstration program, proposed projects are intended to advance the science of rural EMS and trauma care through evaluation of a rural issue and statistical analysis of the project findings.

The Public Health Service urges applicants to submit workplans that address specific objectives of Healthy People 2000. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325; 202 783-3238.

Program Priorities

The legislation requires that special consideration be given to applicants providing services in any rural area identified by a State for which:

1. There is no system of access to EMS through the telephone number 9-1-1; or
2. There is no basic life-support system; or
3. There is no advanced life-support system.

In order to receive special consideration under this legislative provision, the State EMS Office must certify that the proposed study will be conducted in a rural area(s) meeting one or more of the above listed program priorities. Special consideration means that approved applications providing services in the rural areas identified above will have funding priority over other approved applications.

The definition of basic or advanced life-support systems must be consistent with the definition recognized by the State.

Availability of Funds

Approximately \$310,000 is available to fund 1-4 grants. Project periods may be requested for one or two years. Grants to support projects beyond the first budget year will be contingent upon the availability of funds and satisfactory progress in meeting the project's objectives. Applicants are required to submit budgets for each proposed project year in the initial application.

Eligible Applicants

Any public or private nonprofit entity may apply. Although the applicant is not required to be located in a rural area, the applicant must perform a research and demonstration activity in a rural area(s). In order to meet the rural requirement, an area must be located: (1) *Outside* a Metropolitan Statistical Area (MSA) as defined by the Office of Management and Budget; or (2) in a rural census tract within an MSA. If the city or county name does not appear on the MSA list, the area would meet the definition of rural under the first definition in this program. However, if the city or county name does appear on the MSA list, the applicant may contact the applicable regional Census Bureau office to determine the census tract for the area. If the census tract for the area appears on the list of approved rural census tracts, the applicant is eligible to apply under the second rural definition in this program. A list of the cities and counties that are designated as being within an MSA, rural census tracts for each county, and telephone numbers for regional offices of the Census Bureau will be included with the application.

Application Evaluation Criteria

Grant applications will be evaluated by an objective review committee according to the following:

1. Capability of the Applicant: applicant's demonstrated experience and qualifications to complete the project proposed and to perform a research or demonstration project.
2. Impact of Study Objective: (1) impact of the study on the advancement of rural EMS and trauma care delivery; (2) contribution of the study to existing knowledge on EMS and trauma care such that further work on the issue is a high priority; and (3) development of new methods rather than a duplication of methods previously implemented.
3. Selection of Rural Community: appropriateness of the rural area(s) where the project will be conducted and the adequacy of justification for inclusion of non-rural areas in the research or demonstration activity.
4. Community Participation: extent to which an applicant that is not located in the rural community where the research or demonstration activity will be conducted has established an equal partnership and coordinated project development activities with the rural constituency under study, including: the prehospital, acute care, and rehabilitation sectors; local medical control; concerned advocates; the State EMS Office; and other interested parties.
5. Study Design: appropriateness of study design to the stated hypothesis, and the likelihood that the proposed research activity will yield expected results and improve rural EMS and trauma care.
6. Methodology: appropriateness and adequacy of the work plan for completion of project activities and project evaluation, and of the schedule for organizing and completing the project within the project period.

Allowable Costs

The basis for determining the allowability and allocability of costs charged to PHS grants is set forth in 45 CFR Part 74, Subpart Q, and 45 CFR Part 92. The four separate sets of cost principles prescribed for recipients of grants for public and private nonprofit entities are: OMB Circular A-87 for State and local governments; OMB Circular A-21 for institutions of higher education; 45 CFR Part 74, Appendix E for hospitals; and OMB Circular A-122 for nonprofit organizations.

Reporting Requirements

A successful applicant under this notice will submit quarterly reports in accordance with provisions of the

general regulations which apply under 45 CFR Part 74, Subpart J, Monitoring and Reporting of Program Performance, with the exception of State and local governments to which 45 CFR Part 92, Subpart C reporting requirements will apply.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget—0937-0195. Under these requirements, the community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications by community-based non-governmental organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- a. A copy of the face page of the application (SF 424)
- b. A summary of the project PHSIS, not to exceed one page, which provides:
 - (1) A description of the population to be served,
 - (2) A summary of the services to be provided,
 - (3) A description of the coordination planned with the appropriate State or local health agencies.

PHS Smoke-free Policy

Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities in which education, library, day care, regular and routine health care and early childhood development services are provided to children. Smoking must also be prohibited in indoor facilities that are constructed, operated or maintained with Federal funds.

Executive Order 12372

Grants awarded under this notice are subject to the provisions of Executive Order 12372, which sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribes) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For

proposals serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCS is included in the application kit. The SPOC has 60 days after the application deadline date to submit comments. The granting agency does not guarantee to "accommodate or explain" State recommendations received after that date.

The OMB Catalog of Federal Domestic Assistance Number for this program is 93.952.

Dated: April 14, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95-9756 Filed 4-19-95; 8:45 am]

BILLING CODE 4160-15-P

Public Health Service

Indian Health Service; Indians Into Medicine Programs

AGENCY: Indian Health Service.

ACTION: Notice of competitive grant applications for the Indians Into Medicine Program.

SUMMARY: The Indian Health Service (IHS) announces that competitive grant applications are being accepted for the Indians Into Medicine (INMED) Program established by section 114 of the Indian Health Care Improvement Act of 1976 (25 U.S.C. 1612), as amended by Public Law 102-573. There will be only one funding cycle during fiscal year (FY) 1995. This program is described at 93.970 in the catalog of Federal Domestic Assistance and is governed by regulations at 42 CFR 36.310 *et seq.* Costs will be determined in accordance with applicable OMB Circulars. Executive Order 12372 requiring intergovernmental review does not apply to this program.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Educational and Community-based programs. Potential applicants may obtain a copy of Healthy People 2000 (Full Report; Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (Telephone 202-783-3238).

Smoke Free Workplace: The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco